24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) Kentuckians for Strong Leadership	FEC IDENTIFICATION NUMBER ▼ C C00543256
Check If 24-hour report 48-hour report New report Amends report file	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee Main Street Media	Date
Mailing Address P.O. Box 2093	07
City State Zip Code Alexandria VA 22313	181295.00 Transaction ID : E.001
TV / Media Placement Type	House State: KY Senate District: President
Allocation of this control of the co	eck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 195020.74 Dis	bursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Upgrade Films	Date 07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3299 K Street NW, Ste 200	Amount
City State Zip Code Washington DC 20007	13725.74 Transaction ID : E.002
TV / Media Production Type	ice Sought: House State: KY Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: Alison Grimes Ch	eck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	bursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	195020.74
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	195020.74
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
24.0	07 03 2013
Signature	